

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/538 868

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	17 minus 20 = *	—
INDEPENDENT CLAIMS	2 minus 3 = *	—
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	300
EXAM. FEE			EXAM. FEE	200
SEARCH FEE			SEARCH FEE	400
X \$ 125 =			X \$ 250 =	—
X \$ 25 =		OR	X \$ 50 =	—
X \$ 100 =		OR	X \$ 200 =	—
+ \$ 180 =		OR	+ \$ 360 =	—
TOTAL		OR	TOTAL	900

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 17 Minus	** 20	= 0
Independent	* 2 Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

7-19-05 (Column 1) (Column 2) (Column 3)

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 23 Minus	** 20	= 3
Independent	* 2 Minus	*** —	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	150
X \$ 100 =		OR	X \$ 200 =	—
+ \$ 180 =		OR	+ \$ 360 =	360
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	510

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>11-7-05</u>		2 Serial/Patent # <u>10/538868</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal	Refund Date: 11/07/2005	0030026710	\$								
	Petition	Credit Card	Refund Total:	\$100.00								
	Issue	An Exp.: XX	XXXXXXXXXX2021	\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$100.00								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<input type="checkbox"/>	No Fee Due (Explanation):											
CC Refund												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____										
SIGNATURE: <u>[Signature]</u>		PHONE: _____										
OFFICE: <u>PCT/DO/EO</u>		Adjustment date: 11/07/2005 BCAMPREI										
***** 03 FC:1632 ***** -500.00 OP												
THIS SPACE RESERVED FOR FINANCE USE ONLY:												
APPROVED: _____		DATE: _____										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: